

# Art202 Programming

## Video Release Form

I hereby grant permission to **The DC Arts and Humanities Commission** the rights to use and air my video without payment or any other consideration.

I understand that my video may be edited, copied, exhibited, published or distributed and I waive the right to inspect or approve the finished product wherein my

likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my video, image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or **video** recordings may be used for the following purposes:

:Note signing this release form releases The DC Art and Humanities Commission of any legal harm/indemnity/hold harmless. This acknowledges that 100% clearance to use their work (or whoever else's they may be using a derivative of...) protecting against infringement of any other artists rights..etc..

- Art 202 Cable Program
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By signing this **release** I understand this permission signifies the use of my video & recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or **video** recording for any purpose other than those listed above.

There is no time limit on the validity of this **release** nor is there any geographic limitation on where these materials may be distributed.

This **release** applies to photographic, audio or **video** recordings collected as part of the sessions listed on this document only.

By signing this **form** I acknowledge that I have completely read and fully understand the above **release** and agree to be bound thereby. I hereby **release** any and all claims against any person or organization utilizing this material for educational purposes.

Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

Prov/Postal Code/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If this **release** is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_